


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90246 003 ****61.25

DOCUMENT # N97000001945 1. Entity Name SET FREE COALITION OUTREACH PROGRAMS, INC.					
Principal Place of Business 324 NW 16TH PLACE POMPAÑO BEACH, FL 33060 US			Mailing Address 324 NW 16TH PLACE C/O JOHNNY L. ZANDERS POMPAÑO BEACH, FL 33060 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0826606	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZANDERS, JOHNNY L 324 NW 16TH PLACE POMPAÑO BEACH, FL 33060				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZANDERS, JOHNNY L		NAME		
STREET ADDRESS	324 NW 16TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZANDERS, DEBORAH C		NAME		
STREET ADDRESS	324 NW 16TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, LATASHA		NAME	MURRAY, LATASHA	
STREET ADDRESS	324 NW 16TH PLACE		STREET ADDRESS	24 Jackson Street	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		CITY-ST-ZIP	Quincy, FL 32351	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAND, CHARLES E		NAME	Brand, Charles E	
STREET ADDRESS	324 NW 16TH PLACE		STREET ADDRESS	4508 NW 43rd Terrace	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		CITY-ST-ZIP	Tamara, FL 33319	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAND, ROSEMARY		NAME	Brand Rosemary	
STREET ADDRESS	324 NW 16TH PLACE		STREET ADDRESS	4508 NW 43rd Terrace	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		CITY-ST-ZIP	Tamara, FL 33319	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Johnny L. Zanders</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/2008 <i>(954-789-3156)</i> <small>Date Daytime Phone #</small>		